

INSULINS PA SUMMARY

PREFERRED	Iletin, Lantus, Levemir, Novolin, Novolog, Velosulin
NON-PREFERRED	Apidra, Humalog, Humulin

LENGTH OF AUTHORIZATION: 1 YEAR

NOTE: *Select Lilly products are preferred when there is no Novo Nordisk equivalent product available.*

PA CRITERIA:

- ❖ Submit documentation of allergies, contraindications, drug-drug interactions, or show a history of intolerable side effects to the equivalent Novo Nordisk product.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Express Scripts at 1-877-650-9340**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please click [here](#).

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please select Pharmacy Services from the manuals listed [at this link](#).